

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT	
	14-JUL-2018	1731	2020 E 71ST ST CHICAGO, IL 60649		304	0331	<input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO	
	BUSINESS NAME	<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)			ASSIGNMENT TYPE		
			STREET			<input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE		
INVOLVED MEMBER	EVENT NO.	RD NO.	IR NO.	CB NO.	CHARGE		INVOLVED A MOTOR VEHICLE PURSUIT?	
		JB349797					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	LIGHTING	<input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL	WEATHER	<input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE?	<input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS <input checked="" type="checkbox"/> FOOT	MEMBER WAS?	<input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER
	ASSIST UNITS ON SCENE?		INCIDENT					
SUBJECT INFORMATION	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	SEX	RACE	AGE	
	9161	HALLEY	DILLAN		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	2	23	
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY		HT.	
	16-AUG-2017	003 332	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)		WT.	
SUBJECT'S ACTIONS	LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.	HT.	
	AUGUSTUS	HARITH	L	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK	1981	602	
	ADDRESS	TELEPHONE NO.	CONDITION		SUBJECT INJURY BY MEMBER'S USE OF FORCE?			
			<input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Mental Illness / Emotional Disorder <input type="checkbox"/> Injured Unrelated to Force <input type="checkbox"/> Under Influence of Alcohol		<input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input checked="" type="checkbox"/> Fatal			
MEMBER'S RESPONSE	MEDICAL TREATMENT?		PERFORMED BY MEMBER		TAKEN TO HOSPITAL (Specify)		OTHER (Specify)	
	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member		<input checked="" type="checkbox"/> Taken to Hospital (Specify)		<input type="checkbox"/> OTHER (Specify)	
	<input type="checkbox"/> Performed by CFO EMS		JACKSON PARK					
WEAPON DISCHARGE	DID NOT FOLLOW VERBAL DIRECTION		PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)		THROWN OBJECT (DESCRIBE)		WAS SUBJECT ARMED WITH WEAPON?	
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW.	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)	
WEAPON DISCHARGE	STIFFENED (DEAD WEIGHT)		KNEE/LEG STRIKE		IMMINENT THREAT OF BATTERY WITH WEAPON		TASER/TUN GUN	
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
WEAPON DISCHARGE	PULLED AWAY		MOUTH/TEETH/SPIT		ATTEMPT TO OBTAIN MEMBER'S WEAPON		VEHICLE	
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
WEAPON DISCHARGE	FLED		GRAB/SHOVE/PULL		PHYSICAL ATTACK WITH WEAPON		WEAPON/OBJECT PERCEIVED AS:	
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
WEAPON DISCHARGE	IMMINENT THREAT OF BATTERY - NO WEAPON		WRESTLE/GRAPPLE		USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		WEAPON USE	
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> DNA <input checked="" type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member	
WEAPON DISCHARGE	OTHER (DESCRIBE)		OTHER (DESCRIBE)		OTHER (DESCRIBE)		OTHER (DESCRIBE)	
WEAPON DISCHARGE	SUBJECT ACTIVITY		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?		IF YES, IDENTIFY MANNER OF ATTACK		MANNER OF ATTACK?	
	<input type="checkbox"/> Drug-Related? <input checked="" type="checkbox"/> Gang-Related?		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Struck/Blunt Force (Including Attempt)	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Stabbed/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Pursuing/Arresting Subject <input type="checkbox"/> Processing/Transporting/Guarding Arrestee	
WEAPON DISCHARGE	TYPE OF ACTIVITY?		Disturbance - Domestic		Disturbance - Riot/Mob Action/Civil Disorder		Pursuing/Arresting Subject	
	<input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Investigative Stop		<input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative		<input type="checkbox"/> Disturbance - Other		<input type="checkbox"/> Charge: <input type="checkbox"/> Charge:	
	<input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Investigative Stop		<input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative		<input type="checkbox"/> Disturbance - Other		<input type="checkbox"/> Charge: <input type="checkbox"/> Charge:	
	<input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Investigative Stop		<input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative		<input type="checkbox"/> Disturbance - Other		<input type="checkbox"/> Charge: <input type="checkbox"/> Charge:	
WEAPON DISCHARGE	REASON FOR RESPONSE?		Defense of Self		Defense of Member of Public		Stop Self-Inflicted Harm	
	<input checked="" type="checkbox"/> Defense of Department Member <input checked="" type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public		<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject		<input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional	
	<input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public		<input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject		<input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional	
	<input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public		<input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject		<input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional	
WEAPON DISCHARGE	FORCE MITIGATION EFFORTS		CONTROL TACTICS		MEMBER'S RESPONSE		WEAPON DISCHARGE	
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER		<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> EMERGENCY HANDCUFFING <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER		<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> EMERGENCY HANDCUFFING <input type="checkbox"/> OTHER	
	RESPONSE WITHOUT WEAPONS		RESPONSE WITH WEAPONS		RESPONSE WITHOUT WEAPONS		RESPONSE WITH WEAPONS	
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER		<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER	
WEAPON DISCHARGE	AUTHORIZED BY (NAME)		RANK		STAR NO.		UNIT NO.	
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER		WEAPON TYPE:		WEAPON SERIAL NO.		WEAPON CERT. NO.	
	1		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE		BBSM499		R043491S	
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?		DID THE DISCHARGE RESULT IN A SELF-INFLECTED INJURY?		WAS SUBJECT VEHICLE USED AS A WEAPON?			
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON			
WEAPON DISCHARGE	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL?		WAS THIS AN UNINTENTIONAL DISCHARGE CURING A NON-CRIMINAL INCIDENT?		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY):			
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN			
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN			
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN			
WEAPON DISCHARGE	TASER DISCHARGE ONLY		PROPERTY INVENTORY NO.		PROBE DISCHARGE		CONTACT STUN	
	<input type="checkbox"/> TASER DART ID NO.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
	<input type="checkbox"/> TASER DART ID NO.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
	<input type="checkbox"/> TASER DART ID NO.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
WEAPON DISCHARGE	FIREARM DISCHARGE ONLY		TOTAL NO. OF SHOTS MEMBER FIRED		WAS FIREARM RELOADED DURING INCIDENT?		MAKE/MANUFACTURER	
	<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		5		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19	
	<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		5		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19	
	<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		5		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19	
WEAPON DISCHARGE	WHO FIRED FIRST SHOT?		TOTAL NO. OF SHOTS MEMBER FIRED		WAS FIREARM RELOADED DURING INCIDENT?		DID MEMBER FIRE AT A VEHICLE?	
	<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OFFENDER		5		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
	<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OFFENDER		5		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
	<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OFFENDER		5		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): ☒ IMMEDIATE SUPERVISOR ☒ DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): ☒ OEMC ☒ CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name)
ALDRICH, JEFFREY

STAR/EMPLOYEE NO
1862

SIGNATURE

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ None / None Apparent ☐ Minor Contusion ☐ Minor Laceration/Abrasion ☐ Significant Contusion ☐ Laceration Requiring Sutures ☐ Broken/Fractured Bone(s) ☐ Gun Shot ☒ Fatal ☐ Other (Explain) HOW WAS INJURY SUSTAINED? ☒ Intentional Act by Member ☐ Intentional Act by Self ☐ Intentional Act by Other ☐ Unintentional Act by Member ☐ Unintentional Act by Self ☐ Unintentional Act by Other

WITNESSES <input checked="" type="checkbox"/> UNK	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL		TELEPHONE NO.		WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)	
	WITNESS STATEMENT					

REVIEWING SUPERVISOR: COMMENTS

COMPLIED WITH DEPARTMENT ORDERS REGARDING USE OF FORCE

ATTACHMENTS: ☐ CASE REPORT ☐ ARREST REPORT ☐ SUPPLEMENTARY REPORT ☐ INVENTORY ☐ IOD REPORT ☐ TASER DOWNLOAD ☐ OTHER

REVIEWING SUPERVISOR:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☒ LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED. 1090234

☒ I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print)
WARD, DAVINA

STAR NO.
486

SIGNATURE

DATE/TIME COMPLETED
14-JUL-2018 2241

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

- THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
- A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
 - THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
 - CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
 - DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		EVENT NO.	RD NO.	
	14-JUL-2018	1731	2020 E 71ST ST CHICAGO, IL 60649			JB349797	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE	
	9161	HALLEY	DILLAN				
	SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE
	AUGUSTUS		HARITH		L	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK
							D.O.B.
							1981

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE ☐ DNA ☐ REFUSED ☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Deceased

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

☐ ADDITIONAL ATTACHMENTS

This is an investigation that is being handled by COPA, and assisted by the Chicago Police Department Detective Division. R/DC reviewed members body worn camera until the mark of 43 seconds. Members weapon is in compliance and the U# is 18-14.

LT OR ABOVE/INCIDENT COMMANDER:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.
☒ I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:
 1090234

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
☒ A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? ☒ NO ☐ YES, DESCRIBE BELOW: ☐ OTHER:

- ☐ INDIVIDUAL DEBRIEFING WITH SUPERVISOR ☐ REVIEW LEGAL/TRAINING BULLETIN
☐ REVIEW STREAMING VIDEO ☐ STRESS REDUCTION SEMINAR
☐ REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
WILLIAMS, TERENCE V	59		14-Jul-2018 2319

